

# **TEAM TMR**

## **Health and Wellness Treatment Grant - 2014**

**Grant applications often have many requirements and lots of red tape. Team TMR aims to keep the process simple in order to get necessary treatments to those in need quickly.**

**Please answer all questions on this application in order to be considered. Using additional pages is acceptable; let us know your circumstances and what treatment would benefit your family member.**

**This grant does not restrict as to treatment type. Requests for biomedical, homeopathic, alternative, or therapeutic grants will be considered, as well as requests for funding necessary clinical testing.**

**Grant monies will be disbursed by Team TMR to the provider on behalf of recipients.**

**Decisions will be made on a quarterly basis with cutoff dates for applications on:**

**January 15**

**April 15**

**July 15**

**October 15**

**Submissions received after the cutoff date will be reviewed and considered as an application for the next quarterly period.**

**We are a volunteer staff. Due to the volume of requests received we will not respond back if the grant is not approved. If you have not received a response from Team TMR 45 days after the application due date, please assume that the grant is not funded at this time. Please feel free to resubmit for the following quarter. We sincerely apologize.**

**(continued)**

# **TEAM TMR**

**Please complete the following information in order to be considered for a grant and email to [grants@teamtmr.org](mailto:grants@teamtmr.org):**

- 1. Contact information - name, address, phone number, email**
- 2. Who will benefit from this grant and what is the current condition or diagnosis of the person.**
- 3. Please provide details regarding the treatment you are seeking. Include the preferred provider name, location and estimate of cost.**
- 4. If you are working with a provider, did they recommend this as the next step in treatment, or are there other recommendations for the next step?**

